2015–2016 Dependent Student Quality Assurance Worksheet

To complete the processing of your financial aid for the 2015–2016 academic year, we need to verify the information you provided on the Free Application for Federal Student Aid (FAFSA). Please provide us with additional information about you and your parents by completing all parts of this worksheet. Indicate $0 or N/A if items do not apply. Sign the Certification Statement on the final page before submitting the worksheet.

### 2015–2016 Dependent Household Verification

**Directions:** List the number of people your parents will support between July 1, 2015, and June 30, 2016. Include **yourself and your parent(s)**. Include their children if the children get more than half of their support from your parents. Include other people only if they now live with and get **more than half their support from your parents**, and will continue to get this support between July 1, 2015, and June 30, 2016. If there are more than six people, please attach a sheet listing additional family members.

(Support includes: money, gifts, loans, housing, food, clothes, car, medical and dental, payment of college costs, etc.)

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Age</th>
<th>Relationship to You</th>
<th>Attending Undergraduate College at least half-time during 2015–2016?</th>
<th>Degree Program (for example: B.S., B.A.)</th>
<th>Name of College or University Family Member Will Attend in 2015–2016?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>18</td>
<td>You—the student</td>
<td>Yes</td>
<td>B.S.</td>
<td>Loyola University Chicago</td>
</tr>
</tbody>
</table>

Example: 53 Parent No N/A N/A

1. 
2. 
3. 
4. 
5. 
6.
2015–2016 Parent Untaxed Income Verification

Directions: The FAFSA asked for other income items, which were not included in the Adjusted Gross Income on your parent’s federal income tax return. The following list includes some of those items. Enter all of the following information that applies to your parents. List the total (annual) amount received in 2014. Indicate $0 if an item does not apply. Attach supporting documentation as appropriate.

IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS 1040-line 28 & line 32 or 1040A-line 17. $ _____________

Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b $ _____________

Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). If this is a rollover include form 1099-R, a copy of your 2014 Federal Tax Transcript, and a written statement regarding the transaction. $ _____________

Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A (12a minus 12b). If this is a rollover include form 1099-R, a copy of your 2014 Federal Tax Transcript, and a written statement regarding the transaction. $ _____________

2015–2016 Parent Income Exclusion Verification

Directions: Please complete the information below, applicable from January 1 to December 31, 2014. Indicate $0 or N/A if an item does not apply.

Education credits (Hope and Lifetime Learning Tax Credits) from IRS Form 1040-line 50; or 1040A-line 31. $ _____________

Child support actually paid to the other parent in 2014 because of divorce or separation. Do not include support for children in your household. $ _____________

2015-2016 Supplemental Income Benefits Verification

Directions: The FAFSA asked whether or not you, your parents, or someone in your parents’ household received supplemental income benefits. The following list includes some of those items. Please complete the items below as of the date you signed the FAFSA.

In 2013 or 2014 did you, your parents, or anyone in your parents’ household listed above receive benefits from Supplemental Nutritional Assistance Program (SNAP-Food Stamps)? Yes _______ No _______

Certification Statement:
All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

__________________________________________  ____________________
Student Signature                           Date

__________________________________________  ____________________
Parent 1 Signature                          Date

__________________________________________  ____________________
Parent 2 Signature                          Date